

EXPERIENCING PSYCHOSIS: AN ATTEMPT TO EXPLORE THE 'UNKNOWN' AND ITS POSSIBLE MEANINGS

AVNEESH NARAIN
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The International Journal of
INDIAN PSYCHOLOGY

Volume 3

I s s u e 2

**Experiencing Psychosis: An Attempt to Explore the 'Unknown'
and Its Possible Meanings**

January to March, 2016

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THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 3, Issue 2, Special Issue) Published, January, 2016

Headquarters;

REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230

Customer Care: +91 99 98 447091

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ISSN (Online) 2348-5396

ISSN (Print) 2349-3429

ZDB: 2775190-9

IDN: 1052425984

CODEN: IJIPD3

OCLC: 882110133

WorldCat Accession: (DE-600) ZDB2775190-9

ROAR ID: 9235

Impact Factor: 4.50 (ICI)

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Price: 500 INR/- | \$ 8.00 USD

2015 Edition

Website: www.ijip.in

Email: info.ijip@gmail.com | journal@ijip.in

Please submit your work's abstract or introduction to (info.ijip@gmail.com | www.ijip.in)

Publishing fees, ₹ 500 OR \$ 15 USD only (online and print both)

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Message from Editors

We have been committed to make our “*Author Freedom Policy*” better due to response given by our researchers. We have launched “***Gold Open Access System***” before some days, which have gained good feedback by researchers. Now, every title will get its own URL which would be included by Abstract, Keywords, DIP (Digital Identifier Passport) etc. The main benefit of the URL is that, researcher can share and show it in his profile, CV, resume etc.

We shall present nomination of “**Paper of the Year**” award within short time. IJIP plans *Paper of the Year award* every year to inspire its researchers. After nomination, it would be lived at the website. Then it would be opened for voting. It would be voted by IJIP website visitors. That nominee would be awarded who would get majority of votes. In short the point is website visitors make him winner of the award. You can get more information regarding this matter from IJIP official website (www.ijip.in/index.php/award.html)

Year 2016 is the year of new hopes, new tries, and new dreams to be realized into reality. We pray to God fulfill all your wishes and dreams. We thank here all the researchers and friends joined with us.

We experience here feeling of joy while presenting first issue of 2016. We thank you again researchers who have presented their articles in this issue.

Happy New Year...

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The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-India, 389230

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ACKNOWLEDGEMENT

Our first thank you goes to the people who became our research participants.

Big thank you to my supervisors Ashis Sir and Shifa Ma'am as both of them helped me sail through the journey, which was extremely difficult marked by painful nature of research and its themes. They helped me engage with the difficult and unwanted feelings and emotions. And also for hearing and motivating me to carry on and also becoming a support.

A special thank you to Ashis Sir, for stretching me beyond my thinking capacity as that is the place where growth happens. For giving me clarity, helping me deal with anxieties and most importantly help me make sense of the 'nonsense'.

A big thank you to our families for their unconditional support. It was because them that we could invest so much into this work. Thank you for being patient with us.

To Dr. K.E.S. Unni, Head of the Department of Psychiatry at Lady Hardinge Medical College, New Delhi.

Some of our dearest friends, whose friendship and support carried me during my research, thank you Ragini, Udayan, Gauri, Arjun, Ankit, Priyanshi, Neha ...

Thanks to Honey Ma'am as she taught me how to listen to people and how to be able to capture their conflict.

To Dr. Ashok Nagpal for the surprise element and sharing his thoughts and experiences...

To various inhabitants of AUD Wricksir, Anshumita Ma'am, Vinod sir, Rachna Ma'am, Rajinder Sir, Anup Sir, Neetumaam for all the treasured moments ...

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INTRODUCTION

"The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown."

- **H. P. Lovecraft**

As a small boy, growing up in the government colony of Sarojini Nagar, New Delhi, I had often noticed a woman in her mid forties sitting beside the NDMC dustbin, which was some 200 meters away from my house. She had very short hair, wore a large t shirt and torn pants. She would often talk to herself, sit alone, at times shout out to someone whom I could not see. And there were times when she would sit quietly, at peace. Smiling at kids and acting so normal, just like you and me. There were occasions I would see her run, but I could not understand why. The nearby shops gave her food for free.

Whenever the guy who used to take out trash from our home did not come it was my and my brother's responsibility to do that, and we did that on alternate basis. The day I had to take out garbage and dump it in the ndmc dustbin I used to pray that the woman is not around. There was a deep sense of fear. The garbage from our house was taken out in polybags and the days I saw that lady anywhere near I would fling the bag from a distance and hope that it goes inside the bin. There were occasions that it did while in most cases it did not.

There were many stories around that lady, she was considered insane and mad. All the children in our colony were advised not to go near her. I was so scared of her that I never asked my family members about whom she really was and why does she behave so strangely. I never spoke about my discomfort in taking out trash with anyone. When I look back now, I guess that my anxieties and fear was so much that I did not want to engage with them at any possible level. I remember how I used to get very uncomfortable when I heard anyone talking about her in my society, there was both a sense of curiosity and fear but that sense of anxiety and fear overpowers every other emotion and thus I could never stand it. I used to get exhausted just by watching that woman and if ever I tried thinking about her I immediately felt sleepy as if I was sedated, it was as if even my unconscious was not ready to deal with those thoughts.

When I was a kid, I remember watching a television serial; I must be 7-8 years of age. I don't remember the actors, the story or the plot, but just one bit – a mother whose child had died in an accident could not take the trauma and she was shown sitting in a dark room with a pillow on her laps and putting it off to sleep. I still feel something inside me when I write this, as I go back in time. It is something, which I am still finding difficult to articulate, a vague sense of uneasiness.

I don't know anyone in my family or friends who has a diagnosed mental disorder or someone who is clinically a psychotic or in that spectrum. So in a way I have never had an opportunity to

observe closely such illnesses or understand their behaviors, feelings, emotional states or their families'. I did not know what and who they are? I did not know who was sane and who was a mad person. I am pretty sure I never checked even in a dictionary. What the word 'mad' meant was an idea of someone who was not like us, in the way they acted or behaved. This was but, only a social construction and sadly, that is what mattered. Subjectivity in this sphere had never emerged for there was no engagement. And the possible reason why there was never an engagement was because of the fear, which again had societal constructs as its foundations. But as Sigmund Freud said – "Behind every fear is a wish" which is basic and innate to humans, there is the fear of unknown and yet a strong wishes to explore it. How else Magellan could circumvent the earth or why we want to go to the edge of the unknown, our universe and see what lies beyond it. It may be seen as a journey is a journey from what I seem to be an unformulated experience that makes you feel uneasy but it's only gradually that you begin to make some sense out of it and are ready to explore it.

Classes at AUD have been instrumental in developing the kind of curiosity that was developed, right from the Clinical lectures on Psychopathology to Preparing for Clinical work and other non clinical courses helped me with the foundation as they opened a new world to me (only theoretically though) which I was keen to explore and delve deeper. It was only during my internship that I managed see, touch, feel and communicate with the mentally ill in the Psychiatric department of a government hospital. It wasn't that the spectacle was absolutely new, I had been to government hospitals before, and there were things that I had seen in movies or read in books. But the experience was whole together unique, unlike any other. I had the opportunity to see lots of different patients, with different mental disorders, some moderately ill, some completely dysfunctional. I spoke to them, and in most cases just tried to, rather unsuccessfully. I saw their sufferings, tried to understand their trauma, the word which comes from the Greek word wound. At the beginning the place seemed very difficult, primarily because of the patients and the associated emotions but gradually the fear, anxiety, terror, dread and my own self-doubt eased a bit. I realized how incredibly fascinating these 'mad' people truly were, from different sections of the society, different religions, spoke different languages, belonged to different socio-economical backgrounds but there in that space they were all the same. Gradually as I developed a better understanding of the place and the patients, I came across a Bi-polar who had psychotic symptoms.

At 6 feet tall, muscular built and broad shoulders he seemed intimidating to me from the day I. This 27 year old, Mr. K was an IPD patient and I would usually see him sitting all alone in the open area with his father who was thin and frail and very weak. And there were days when he would sing songs, out loud, whistle, fight with his dad, other people. The nurses found him indecent at times. He had occasionally touched a few nurses inappropriately is what I was told. Initially when he was admitted to the hospital a few female interns had tried to speak to him to get a case history, but that session was terminated when the intern realized that the patient was masturbating in front of her. That is when I was given this case. Mr. K was usually sleeping after

lunch and I could only speak to his father, who was a tired old man, he did not have enough strength to fight his own child and would often get kicked and beaten by him. He admitted that he was fed up with his own life and his son's. But he cannot do anything about it and wishes that some miracle would happen which would treat his son. Did not sleep, collected broken switches and wires from within his house and outside. He claimed to be a friend of Lord Hanuman and had supernatural powers. He also firmly believed that his sister in law was always trying to make sexual advances towards him. His father rubbished such claims saying that what Mr. X says is all baseless and has no meaning as he is mad. His father also said that there are moments when Mr. X's claims are such that he feels scared and in danger. Once Mr. X came over to me, he came and stood very close put his arm around my shoulder and started talking about his brother. I have to say his touch and that gesture seemed so suffocating and caustic that I had after only a few seconds take a step back, indicating that this is not acceptable, drawing a line. I still don't know why exactly I did what I did, but I guess I felt that Mr. X was trying to say something through that. Something that he could not have said but wanted to communicate anyway. All this was so baffling and confusing, it was difficult to believe and meant no sense to me initially. Although gradually, I was developing a sense of intrigue and wonder about the psychosis in him, there was also a sense of repulsion and contamination that I was dealing with, which was difficult to acknowledge. The case I mentioned above and many more that I worked on, rather struggled with but in hindsight I enjoyed a lot – made me continue with my internship for over 18 months. I still go to that place; it seems like a strange place, there are moments when I feel absolutely horrible inside, not knowing exactly why. Possibly it is something about the patients or even their family members that I am working with, the struggles and challenges that I face on an everyday basis but having said that there is also an amazing sense of satisfaction every time I find myself to be a reason of their smiles, it transcends everything else.

So when I decided to take up my dissertation on Psychotics and the meaning in their language, I was asked a million times by so many people as to why this? And the only thing that immediately came to my head was, why not this? I know its cheeky, but on a more serious note I would always talk about how this dimension of madness, this meaninglessness has been so intriguing but I was never able to explore its depths within me. As to what this actually means to me and why is this so alluring? While I write this, it is perhaps for the very first time I am able to join the dots, for everything that has happened to me, everything small and big all this while have made me choose this topic. This work would help me understand things that I could not earlier, it would enable me to think about things I could not think earlier, it would help me understand myself better. I think I am now ready to take the journey into the darkness, which once was scary and cold but I have opened myself enough in all this time to explore this unknown and not run away from it, at both the conscious and the unconscious level.

What does a psychotic see or hear? And why does he hear that and not what others do? Why do a psychotic's delusions and hallucinations differ from another psychotic's? How do socio cultural factors influence them? And most importantly, the things they see, hear or believe in, are they

actually nonsense or could it have some deeper underlying meaning that is possible to be understood. Is there a way we can understand their world and its true genesis? There must be some significance, in its own unique way associated to their life. Which needs to be acknowledged, received, accepted and respected.

...and those who were seen dancing were thought to be insane by those who could not hear the music.

— Anne Louise Germaine de Staël-Holstein

P.S. – I approached several friends of mine that I had made in AUD as they had close family members who had psychosis, but no one gave a positive response or showed any interest, I pushed them a few times and then I had to stop. Although LHMC is easy to access and has patients, but I was well aware of the limitations there and I feel that the infrastructure was the biggest impediment.

REVIEW OF RELEVANT LITERATURE

“For the creation of a masterwork of literature two powers must concur, the power of the man and the power of the moment, and the man is not enough without the moment”

- James Allen

I had never seen Psychosis closely before, the very idea of being in a separate reality, hearing voices (that you could recognize and those that you could not), seeing people were both scary and intriguing to the core.

Start with the history:

The Middle Ages represented a rather bleak period in terms of humanity in general, but circumstances were particularly difficult for individuals with psychotic illness. During the medieval era, patients with psychosis were imprisoned in dungeons alongside criminals or were locked up in lunatic asylums. The treatment mainly involved physical punishments and torture. Men and women with psychosis and other mental health disorders were often accused and tried for practicing witchcraft.

However, two exceptions to this lack of progress in exploring the human mind were Christian philosopher Thomas Aquinas and theologian and scientist Albertus Magnus. They developed the concept of psychopathology, which proposed that mental illness or insanity arose from physical ailment, as it was not believed possible that the "soul" could become ill. Across religions, geographies and cultures souls are seen to be pure and saintly.

As Western society started to grow after the middle ages and thinking became more revolutionary and humanitarian, the situation started to improve for mentally ill individuals. During the French Revolution, a man called Philippe Pinel started to physically free mental patients by removing their manacles and chains. In addition, a scientific interest in mental health began to emerge and replace the religious approach.

The term psychosis was first introduced by Karl Friedrich Constat who used it as an abbreviation of "psychic neurosis," when neurosis then referred to any nervous system disease. Constant was therefore referring to a symptom of brain disease. A man called Ernst von Feuchtersleben was also widely acknowledged for first using the term in 1845, in place of terms such as insanity and mania.

If we go deep into the etymology of the term psychosis, we would find that it originates from the Greek words for "psyche" meaning the soul and "oasis" meaning abnormal condition. The term psychosis was also used to distinguish disorders of the mind from "neurosis," which was thought to affect the nervous system. Psychosis therefore became the new term for madness, and as such, much debate began about how many forms of this new disease existed.

In the late 19th Century, a German psychiatrist called Emil Kraepelin announced a new, "clinical" approach to mental illness as opposed to a "symptomatic" one. He reclassified all of the mental illnesses described until then according to shared patterns of symptoms or syndromes, rather than grouping them based on the major symptoms.

Psychosis: the phenomenon, its implications and understandings

Freud considered psychosis to be difficult to understand and close to dream work. For Freud psychosis was a form of primary narcissism. The psychotic withdraws his libido from objects and things and redirects it onto his ego.

In a study of the memoirs of Schreber, a judge who suffered from psychosis, Freud (1911) understood Schreber's delusion about the end of the world as a projection of an internal catastrophe that had already happened, in essence catastrophe involving the destruction of Schreber's mind when he had a psychotic break-down. Freud saw Schreber's delusions as 'an attempt at recovery, a process of reconstruction' (1911:71). However, despite treating some psychotic patients with a degree of success, Freud remained pessimistic about it. Although he seemed to have a negative attitude towards the sort of work that can be done with psychotics, all through he seemed to have been highly occupied with psychosis and its unique aspects. Freud in his work *The Neuro-psychoses of defense* introduces an account about the defense of psychosis. In this account Freud claims that the defense comprises the ego rejecting ideas it does not like and going on to behave as if it never had the ideas in the first place. As Freud states, "... [here is] a kind of defense. Here, the ego rejects the incompatible idea together with its affect and behaves as if the idea had never occurred to the ego at all." Freud goes on to say in the same article that when the ego rejects the incompatible idea it, in effect, detaches itself in part, or wholly from reality. Freud states this clearly when he says, "...the ego breaks away from the incompatible idea, but the latter is inseparably connected with a piece of reality, so that, in so far as the ego achieves this result, it, too, has detached itself wholly or in part from reality." In Freud's work alone we can see the evolution of Psychosis in terms of its understanding and the overall attitude of the people.

Gradually there was a shift in how Psychosis was looked at and treated, Melanie Klein and her followers and some recent developments of these ideas. Klein, who worked with some psychotic children, made important discoveries. She thought that the fixation points of the psychoses went back to very early childhood, and described as 'psychotic' some anxieties of the child and infant, because of the 'resemblance' of these anxieties to those of adult psychotic patients. In particular

he described 'persecutory anxieties' based in fears of survival of the self, occurring in paranoid states, and 'depressive anxieties' based around concerns about the survival of others as well as the self, occurring in depressive psychoses.

Though Klein's idea is essentially correct, but there seems an over emphasis on the 'very early childhood', the psychotics do have a breakdown because of some unprocessed pain/ trauma at some stage in their life and the rupture it may cause in the psyche could effectively be at any stage of life and not just a particular age. Although I would agree that one is most vulnerable during that stage and its difficult to make sense of things happening to you and around you.

When an individual loses its own realness, it cannot get in touch with the realness that is outside and that is why split becomes central to psychosis. A schizophrenic's sense of external world is threatening and persecutory.

As Laing simply puts it, The self feels engulfed, crushed even in ordinary exchanges. They want to preserve the secrecy and privacy of the self (Laing, 1965). They can not relate their selves with the world and also their selves with themselves. Their self is fragile and they cannot establish the relationship of this fragile self with 'threatening external world'. To preserve their self they use pretense and equivocation that is they use ambiguous language so that it becomes difficult to make sense. But, the self longs to be understood and they want the total acceptance of their being (Laing, 1965). So they may not present themselves to everyone around. A schizophrenic is often making a fool of himself and the doctor (Laing, 1965). He is playing at being mad because they don't want to take the responsibility of their intentions, which can again threaten the self. Along with the description of the self, it also shows a difficulty in working with the schizophrenics. If they are not sure of the fact that the therapist not only wants to but also can and will help, then they might try to divert, confuse and distract the therapist. "If they feel understood then at times, bizarreness also evaporates" (Jung).

The self in schizophrenia: The experience of un-embodied self is crucial in understanding the condition. *It is when an individual is more or less divorced or detached from his /her own body. The body is felt more as an object among other objects in the external world than as the core of the individual's own being. Body is felt as the core of the false self and not the true self. Thus the embodied self doesn't engage in the direct participation in any aspect of the life of the external world. The embodied self becomes hyper conscious* (Laing, 1965). So basically the dualities that make up the human experience are separated and are also exaggerated in psychotic states. By all this I do not mean that un-embodiment as an experience is pathological but an exaggeration of it, which is the case with psychotic states, can take pathological turn. This divorce of the self from the body also acts a basic means of defense but is also painful to be with. So, there is an essential dilemma. *The self wishes to be embedded in the body, yet is constantly afraid to lodge in body as there is a fear of attacks and danger that is associated with it* (Laing, 1965). Its like the self is so fragile that it cannot handle stuff from the outside world. To protect their self from danger they

can afford to take a divorce from their own self. There is an attempt to kill the self and this attempt can also be understood as a reaction to the crushing sense of guilt that is there.

Bion(1957) understood that the psychotic patients' hatred of reality meant that they attempted to destroy their perceptual functions by splintering the minutest particles, and projecting these into external objects, which then became what he called 'bizarre objects' because such objects then included these bits of the self. For example if a patient projects an auditory function into a television, then it may be experienced as listening to the patient. In this way, the psychotic is molding what goes in (through the various sense organs) and what goes out of him, his thoughts, voices, language, etc. In an attempt to clarify, Bion(1957) formulated the presence of a psychotic and non-psychotic personality, suggesting this is a split within everyone. In the psychotic patient the psychotic part is dominant and is distinguished by its reliance on projective identification. In contrast, the non-psychotic part uses repression, a defense mechanism which involves keeping aspects of one self unconscious without having to expel them as in projective identification. This seems a very foundational distinction but yet quite helpful, it helps us understand that repression which is one of the most common defense mechanism is non functional in a psychotic and how it can (directly/indirectly) result in psychosis.

Michael Sinason(1993) and Joscelyn Richards(1999) who, in the UK, have established a successful psychotherapy service for a largely psychotic group of patients, go so far as to postulate the existence of two independent minds inhabiting the same body, as a sane and a psychotic one which they call the 'cohabitee'. They reject the notion of a unitary ego and the psychotherapeutic goal of integration of these two selves, but instead see the goal as helping the patient to better understand and manage this disturbed co-habiting self. They are particularly cautious in their technique not to undermine the sane self by confusing it with the psychotic self, or to inflame the psychotic co-habitee by appearing to be critical, denigratory or rejecting of it. This is something that even Jung and Egan have been talking about in their theories. There is a psychotic self in each one of us, which may have not surfaced as yet. But potentially we all have it in us, so rather than denying or rejecting that part of oneself, it's vital that one embraces it. That is why perhaps it's said that the voices the psychotics hear are a part of them. And if a therapist is trying to get rid of them, it's like making them give up on a part, which is their own, and without it they are incomplete. They should know about it, learn to deal with it and respectfully embrace it and yet be in control.

Steiner(1982)makes a contribution to overcoming the tendency for splitting in thinking about psychotic and non-psychotic personality. Within the pathological organization he draws attention to how the sane parts of the self may be in collusion with the psychotic parts. If the therapist interprets that the patient or the sane parts of the personality are a victim of the psychotic part, the therapist may also be colluding with this process. This way of thinking elaborates a dynamic

view of these parts of the self. Nonetheless, the psychotic personality even in Steiner's formulation is essentially a reflection of the dominance of a 'primitive destructive' part.

I see this part rather critically, for not in all cases, but in some the psychotic part can actually be harmful for the self. It could result in physical self-harm of one's own self or the other. As Hallucinations tend to command and demand. The voice orders and the individual must follow (Eigen, 1986). Bion described the psychotic personality as searching to repair the ego; it seems developing Freud's earlier formulation of Schreber's delusion as 'an attempt at recovery'.

Schizophrenics cannot trust anyone. Self is both empty and starving. "The paradox is that there is a longing to eat the food but they are destroying it"(Laing). They can not have an actual identity or an actual personality because they reject their own being. Thus, emerges a false self system. *"Everything that 'he' is comes under this false self system. This false self system acts as a ground for paranoid fears. But, even in this false self system, there is an 'I' that can not find a 'me'. 'I' is without substance. A schizophrenic does not know who he is and has become something or someone else. So the 'I' sense is disembodied and body becomes the centre of a false self system* (Laing, 1965).

In psychotic states of individuals, the threshold of basic security is low. Therefore, any relationship with the other person threatens to overwhelm them. They feel that any relation with anyone, even with their own self will lead to their loss of autonomy or identity. But I don't understand that what kind of identity or autonomy gets lost when its not even there. They do not have the autonomous identity that is required to relate to the other. So its like losing something that you don't have and that is not yours. These individuals experience themselves as people who are saving themselves. There is fear of engulfment. They cannot handle someone loving them or even seeing them because there is a fear of engulfment. So to protect their identity, they remain in isolation. I think that this isolation is extremely isolated because they have not just lost the contact with others but also with their own selves. Here I feel that schizophrenics live paradoxes. For instance *they cannot handle love from others but for integration of their personality, they need acceptance and love of the therapist* (Laing, 1965). Is it that they experience love of the other person as a version of hatred? These individuals are much more comfortable with hatred than love.

These individuals feel like the vacuum. *They want their emptiness to be filled but experience touch with reality as implosive. Mere existence of the other person seems threatening. This reflects upon the persecutory delusions, which are common in psychotic states* (Laing, 1965). Their inability to trust and be with others and also with themselves makes them feel being plotted against. Such individuals have a need to fuse with the other people. Such individuals are dependent on the other person for their own being. They want to completely merge with other so the polarity is between isolation and merging. This reflects that their own sense of self is poorly developed. According to me, this whole obsession and preoccupation around the 'self' is very

narcissistic of a schizophrenic or a psychotic individual. The whole is revolving around killing the self to protect the self, to empty the self to fill it and so on.

Sometimes, *these individuals become the vehicle of a personality that is not their personality. In such a scenario, their own personality is temporally lost and gone in their liking the other person* (Laing, 1965). This is one factor in the fear of engulfment that the individual feels a compulsion to become like anyone he/she likes. This can also reflect on the withdrawal that schizophrenics show in social settings. So this attitude of isolating themselves and withdrawing themselves may come from the fact that they need the other individual so much and which forces them to take an opposite turn instead.

It seems that these individuals have an heightened awareness of the 'self' as an object for the self and also 'self' as an object for the other". This awareness of his own processes has compulsive nature (Laing, 1965). When I think about the kind of heightened awareness that they have, this whole notion of schizophrenics not having insight seems questionable. This kind of heightened awareness reflects heightened insight to me. Such individuals are extremely self-conscious and this makes him feel that he is more the object of other people's interest. To elaborate upon this, I can think of an example of a psychotic individual whose case history revealed that he would get very conscious when he is climbing stairs and others are present, when he is walking on the road and two people are talking, he would feel that they are talking about him. Moreover if someone spits on the road he would feel that he did it to insult him. This kind of thought process reflects that they (psychotics) perceive the world and others to be interested in them all the time. This also reflects an underlying need of the individual to be a topic of interest all the time and to be the center of attention. This gives him an assurance of his existence but why it becomes negative as an experience is because this process brings intense guilt and anxiety with it, which then bothers the person.

Furthermore, apart from the self, I would also like to talk about hallucinations, if hallucinations constitute the inner voice of the schizophrenic. *Hallucination acts a way in which psychotic processes organize raw material for the personality* (Eigen, 1986). There is a sense in which the capacity to hallucinate is universal. We can say that hallucinations are the extensions of the imaginations that people have. *Hallucinations tend to command and demand. The voice orders and the individual must follow* (Eigen, 1986).

The Language :Bion (Second Thoughts: Selected Papers on Psycho-Analysis)

Language is employed by the schizophrenic in three ways; as a mode of action, as a method of communication, and as a mode of thought. He will show a preference for action on occasions when other patients would realize that what was required was thought; thus, he will want to go over to a piano to take out the movement to understand why someone is playing the piano. Reciprocally, if he has a problem the solution of which depends on action, as when, being in one place, he should be in another, he will resort to thought —omnipotent thought—as his mode of

transport. At LHMC, there was a patient who wanted to call his brother who was outside of the ward. He simply closed his eyes and the next moment his brother walked in the ward. The patient smiled and claimed that he managed to call his brother from his thoughts.

The patient believes he has lost his capacity for verbal thought because he has left it behind inside his former state of mind, or inside the analyst, or inside psycho-analysis. He also believes that his capacity for verbal thought has been removed from him by the analyst who is now a frightening person. Both beliefs give rise to characteristic anxieties. The belief that he has left it behind has, as we have seen, helped to make the patient feel he is insane. He thinks that he will never be able to progress unless he goes back, as it were, into his former state of mind in order to fetch it. This he dare not do because he dreads his former state of mind and fears that he would once more be imprisoned in it. The belief that the analyst has removed his capacity for verbal thought makes the patient afraid of employing his new-found capacity for verbal thought, lest it should arouse the hatred of the analyst and cause him to repeat the attack.

In her paper - The split between voice and meaning: The dual function of psychotic syntax, Dana Amir says that the urge to speak, to understand, to link, is attacked by the urge to destroy meaning, to dis-connect, to not know. In many of these cases, an indifferent, affectless tone of voice is used in an attempt to avoid any exposure to emotion. Speech itself thus enacts the split between content and tone, as the apathetic, monotonous tone of voice repeats the attack on the subject's presence (to which his voice testifies), while the fragmented contents or the "nonsyntax" repeats the attack on the ability to create meaning.

Hallucinations – hear those alarm bells:

We usually have the tendency to relate hallucination to psychosis, but in a few cases for normal and healthy individuals, there has been observed some hallucination like experiences under certain conditions, which acts like a trigger. Sir Francis Galton(1883) was one of the pioneers who told that lack of sleep and solitary thinking is likely to produce visions. An example of this that I could think of is the character of Dr. Ryan Stone from the 2013 blockbuster Gravity, where when left alone in the limitless space, Dr. Stone is under extreme stress and is resorting to desperate measures to contact the station on earth and get back there alive. During one of these phases of struggle, she hallucinates Astronaut Matt Kowalsky who was with her in the mission but had drifted in the black (and possibly died). Arieti suggested that before the actual experience of a hallucination the person is in a certain affective state e.g. loneliness, extreme anxiety, exhaustion, etc. It seems he places himself in a certain attitude where he expects to experience the hallucination or in simpler words expects to hear a voice or see something. And as they say, you only see what your eyes want to see. So it seems that when one does encounter them, it should make one understand the extreme level of stress and psychological vulnerability the person is truly in.

Since hallucinations are explained by something else one need not take their impact and claims very seriously. One of the most common ways to avoid the challenge hallucinate experience raises is to view it as an unfortunate bi-product or desperate result of an injured sense of self. If the wounded self is helped, the need to hallucinate will diminish and disappear of its own accord, or be confined to more normal functions like dreaming or loving or creative work (Eigen, 1986). And such a casual treatment of hallucination is what we perhaps should avoid, it's true that if we delve deep into the personal history of the individual and identify the rupture in the psyche can we possibly think of eliminating the psychotic symptoms gradually, but my observations and experiences make me think if the hallucinations and delusions should be seen as black and white. Are they as unwanted and undesirable to each and every Psychotic, the way Psychiatrists look at them?

Boisen (1936, 1960), Bragdon(1990), Butler (2000), Farber (1993), Freud (1910, 1924, 1973), Giovacchini (1996, 1997), Grof and Grof(1989), Kaplan (1964), Laing (1967), Lukoff (2005), Lukoff and Lu (2005), Martens (2002, 2007), Menninger (1989), Perry (1998), Robbins(2002), Roberts (1991), Romme and Escher (1993, 1996), and Scharferer (1983) suggest, although this is not supported by conventional theories, that there are intangible, intrapsychic benefits associated with the development and possession of delusional beliefs and psychosis. Delusions (Butler, 2000; Giovacchini, 1996, 1997) and auditory hallucination (Romme& Escher, 1993, 1996) are intrapsychic coping strategies that should lead to the avoidance of unbearable suffering as a result of social-emotional problems and/or trauma. In several literatures I have read how these voices are not just mere tormenters but best friends, sometimes maternal, the delusion are beliefs that give them a sense of positivity about their own self and their world. It's their true home, where they feel accepted, no matter what flaws they may have.

Freud spoke about the importance of personal relationships in making a person psychotic (which is my view point too – in a crude way). He studied such relationships and was able to trace the wounding aspects of relationships in the formation of mental illness. I would like to believe that hallucinations contain traces of a history, which gives the message if well read and interpreted, of a deprived and wounded self and also tells us how the self is related to the object.

These symptoms immediately become comprehensible when considered from the standpoint of the individual's previous history (Jung, 1914, p 162). And hence their language, words, experiences may have a deep-rooted cryptic meaning, waiting to be heard and made sense of.

RESEARCH METHODOLOGY

“Research is to see what everybody else has seen, and to think what nobody else has thought.”

- Albert Szent-Gyorgyi

Ways to reach and find meaning:

“The reality of the other person is not in what he reveals to you, but in what he cannot reveal to you. Therefore if you would understand him, listen not to what he says but rather what he does not say.”

- Kahlil Gibran

Qualitative research approach is used for the current study. I wasn't sure the structure I needed to follow, there was a time when I thought I should go with an unstructured approach and see where it goes, but in the first session itself I realized that it is really time consuming, and considering that at LHMC hospital you can never be sure as to when the patients would be discharged. I made a slight change and opted for a Semi structured interview and it was used to generate the data.

There isn't a well-defined research question yet, but the aim of my study was to understand the psychotics by the language they used, to integrate their life experience and symptoms and find the meaning in the meaninglessness.

I wanted to see the subjective experiences and life histories creating the specific symptoms in the psychotics and hence use them to understand the meaning of the language they use, either through, action or spoken words.

Qualitative research produces findings that has not been arrived at by statistical procedures or by any other means of quantitative methods, it can refer to research about person's lives, lived experiences, behavior, emotions, and findings as well as organizational functioning, social movements, cultural phenomena and interactions between nations. Research that needs to understand the meaning or nature of experiences of person with problems such as illness, addictions, violence, problems with living (Strauss and Corbin, 1988, p10 &11).

I used semi structured interview and the questions were asked to the participants, there wasn't really a proper questionnaire but certain basic framework and questions to have a certain structure and direction. Direction may not be the right word here, since I was also hoping that the interviews would take me to different directions and I was ready to flow with it. More so, the semi-structured interview also allows the interviewer or interviewee to diverge in order to pursue an idea or response in more detail. In that regard, the basic questions were open-ended and as the

conversations gained momentum further questions were generated on the spot.

The interviews were used to generate narratives of the people and narrative analysis and thematic analysis were used for opening up the narratives.

“Narrative analysis: focuses on “the ways in which people make and use stories to interpret the world” it’s like a story telling but narrative analysis does not treat narratives as stories that transmit a set of facts about the world, and is not primarily interested in whether stories are true or not but considers them to be true to the research participants. Which makes narrative analysis closer to social construct as narratives are socially constructed. It views narratives as social products that are produced by people in the context specific social, historical and cultural location and it views narratives as interpretive devices through which people represent themselves and their worlds to themselves and to others.” (Gifferin, 2002)

Narratives represent storied ways of knowing and communicating (henchman and henchman, 1997)

For the present study: narrative analysis was used as it focuses on how people make meaning out of various things and my work revolves around meaning making so I thought this to be the best method.

“Thematic analysis is a qualitative analysis method for ‘identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes one’s data set in rich detail. However it goes further than this and interprets various aspects of research topic” (Barun and Clarke 2006)

Themes : “ A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (Barun and Clarke 2006)

“The purpose of Thematic Analysis: is to identify patterns of meaning across a data set that provides an answer to research question being addressed. And patterns are identified through rigorous process of data familiarization, data coding and theme development and revision” (Barun and Clarke 2006)

Some of the advantages of Thematic Analysis are that it’s theoretically- flexible. This means it can be used frameworks, to answer quite different frameworks, to answer quite different types of research question. It suits questions related to people’s experiences, or people’s views or perception, understanding and representations. It also suits questions relating to the construction of meaning (Barun and Clarke 2006)

Thematic analysis: emphasis is on the content of a text, “what “is said more than how it is said, the “told” rather than the “telling”. A (unacknowledged) philosophy of language underpins the approach: language is a direct and unambiguous route to meaning. (Riesman)

“Research too is one such process. Along an interpersonal terrain that often borders on staying with and making sense of one’s loneliness, aloneness and solitude – it is an attempt to grasp deeper recesses, those multiple hidden alleys which reside in the researched as well as the researcher...”

- Vahali, 2003

DATA AND DATA ANALYSIS

"But I don't want to go among mad people," Alice remarked.

"Oh, you can't help that," said the Cat: "we're all mad here. I'm mad. You're mad."

"How do you know I'm mad?" said Alice.

"You must be," said the Cat, "or you wouldn't have come here."

— Lewis Carroll, *Alice in Wonderland*

CASE 1

The patient is a 26 year old diagnosed as a paranoid schizophrenic. The onset was insidious as told by the patient's caretaker – his younger brother (Krishan). Again, I am not going too much into the case history of this patient but highlight the key aspects, which came up during the four-five visits with the patient and the caretaker.

Arieti (1974) maintains that, in every case of schizophrenia that he studied, serious family disturbance was found. It is also believed that psychosis might be a compensatory activity, one frequently accompanied by a reparation mechanism that contributes to intrapsychic and character maturation. This reparation will be facilitated by creative and cognitive activities, reality-testing, self-investigation, and the utilization of social-emotional learning moments during psychosis.

For Benedetti (1973), delusions are a sort of existential truth for the patient.

The first time I went to the patient inside the IPD ward, I was told that the patient was sleeping/resting after having lunch. His younger brother sat on the same bed at one corner reading some Hindi book. I asked him to come out of the ward to speak to me. He seemed a little reluctant but agreed. I asked him about the present condition of the patient, if he is getting a good sleep, if he is irritable and if he eats his meals properly. I was told that the patient was doing better, but still was paranoid about how army watchdogs enter the ward to keep a watch on him, even in the hospital. Quite a few stray dogs could enter the psychiatric department that was a fact. The patient was under this impression that some one was keeping a watch on him; there was a time that he did not want to get close to a television set or radio because he thought that they could capture his thought and broadcast it. He would avoid getting close to the radio or television. Not just in his house, but in his neighbors, anywhere in the streets or market.

The medications made him better, but only slightly. During my conversations I realized that the reason why Krishan was reluctant to come out of the ward and talk was probably because he thought that I am just another Psychology intern in LHMC who wants to write about his brother's case for academic purpose and had no intention to help. He narrated to me about 10-12

interns who asked him the same set of questions, it was both harassing and insulting for they felt objectified and used.

Krishan seemed to have a lot of questions, questions about his brother's illness; Krishan was pursuing his graduation and seemed inquisitive about a number of related things. I was asking many questions too, to understand the background and history. Krishan told me that the sort of questions I was asking was never had been asked ever. He told me that the patient had been suffering for the last 3 years and had been treated by some Psychiatrist in Ghaziabad, taken to faith healers but none of that could help the patient much in the longer run, the medicines only gave temporary relief. He asked me why his brother was ill, what did he do to get sick? I had to tell him about mental disorders and how they have may genetic disposition and the role of stress and psychological factors. I am not sure how much of it he understood, but I admired the concern he had for his brother and a keen sense of inquisitiveness around the illness. When enquired deeper into the illness and patient's background I was told that the patient had started doing poorly in academics ever since he took up admissions in Masters. It was quite fascinating how some one who was doing well in his academics could perform so poorly that he would start contemplating of dropping out. I could relate it to my academic performance, which had gone down markedly after class 8 until class 12. I was tempted to think if the reasons could be same, and honestly in my case I had lost focus from the time I got into extra curricular, captained by cricket team and had become popular among girls, my focus had shifted. It was sports first and gradually the opposite sex. I feel that is what got me. But It wasn't that I did not try hard to score well in exams or studied hard, but my focus, attention and probably even my retention ability had suffered a blow, for reason I don't quite know.

When enquired if the patient was ever in a relationship his brother smiled and seemed shy but responded in negative. Upon further enquiries on the same topic Krishan told me that while in the final year of graduation the patient lived in a rented accommodation and some of his classmates often came to visit him. In the same locality there was a girl whose parents are lodged an FIR against them for molesting the girl, Krishan in the same breath claimed that his brother had not done anything and he never talked to girls and could never tease them, but he was very worried that the police could come and take him and put him in jail as the room was on his name. I asked Krishan who all knew of this piece of information, and I was told that I was the third person to know of this other than the patient and Krishan. They thought this was not relevant information and would project his brother in a bad light so it was never divulged.

The patient hails from a small village in Uttar Pradesh, the father once had some mental illness about which the informant was unaware of, although he claimed that his father was quite functional and active presently. The family had been facing financial crisis from the very beginning. The father wanted the three sons to study well and become officers in government offices. The father was quite upset with the fact that none of his sons could settle down yet. The father has always been a strict parent.

The patient is very concerned that he has not been able to live up to the father's expectations and wants to take up a job as soon as possible. He taught in the school for a while but that did not fetch a good salary and he wanted to study to clear various entrances for government jobs. The patient claims that he would some day become an IPS officer and then the family's financial condition would improve. But he never is able to study for that and claims that he finds it difficult to focus and gets tired soon. He often irritates his brothers by asking them to study well and get through government entrances and take up good jobs. His brothers have failed his father too. Listening to all this I could feel the pain of the patient – being the eldest son he was seen as the savior of the family, a guide to his brothers and a ticket to a better life. That is one reason why his father probably invested so much on him and his other sons. But no matter how hard he tried he could not accomplish what his father expected him to and this was possibly one of the many contributing factors to his psychosis. As Valerie Sinason (1992) has shown in her work with the mentally handicapped, it may be preferable to be mad rather than sad. The patient sought this as a refuge, for he had no possible ways of dealing with this reality.

When I got back home I kept thinking about the delusions of thought broadcast and its possible relevance or its purpose if at all. And I preferred to see it not just as a delusion but also hallucination, taking cue from Andreasen (1984), who in the Scale for Assessment of Positive Symptoms (SAPS), takes a similar view:

“the subject believes that his thoughts are broadcast so that he or others can hear them. Sometimes the subject experiences his thoughts as a voice outside his head; this is an auditory hallucination as well as a delusion.”

I hypothesized that possibly the patient who had such a strict parent and who always had to dig his head into his books, even if he did not feel like, must have repressed his needs to explore his sexual self under the constant vigil and fear of his father and the constant stress that he had to deal with regarding the burden that he carried of his family. It was only when he got an opportunity to stay away from his family and notably his father, that he found himself in a new world, with a different feeling, a feeling that he feared but was always attracted to and possibly it was in these moments that he may have molested the girl in his neighborhood, losing his self control or perhaps under the influence of peer pressure and even if it wasn't outright molestation, he may have done something which made him feel ashamed of himself, extremely guilt ridden and he may have hated himself to the core for that thought/act. The patient ever since has not been doing well in his studies. Has been under lot of distress and has not been able to tell this to many people.

Since he feels that he has done something extremely wrong and it could be this guilt which may be always playing on his mind. And he fears that others would know it too. And when that happens his world could come crashing down. He would lose all his respect, could be beaten by his father. Whether positive or negative, voice contents are meaningfully connected to the person's life (Beaven & Read, 2010). In particular, a strong relationship has been found between

past experiences of trauma and voice content (Reader *et al.* 2003), Example could be that a sexual assault victim hearing sexually toned insults. This understanding and connection also helped me fit in the army dog delusions that the patients believed every stray dog to be. Since the police came in looking for him at his residence and he had ran away from his place, he possibly fears that the police has sent the watchdogs to sniff him out and put him behind bars.

I also had an opportunity to speak to the patient. He was fixated on government jobs and how he thinks he can be an IPS officer, he sought my help to regain focus so that he can study. He told me how he doesn't like his second brother (not Krishan – he is the youngest) since he looks down upon the patient because he has a good height while the patient does not.

Pt.: Kya achha hai usme mujhe samajh nahi aata?

Me: Matlab?

Pt.: Maa use zyada pyaar karti hain (long silence) IPS ki salary kya hoti hai? Aapko pata hai? Mere khayalse lakh toh hogi hi.

Me: Haan ho sakti hai, mujhe zyada maloom nahi hai iske bare mein. Lekin tum he aisa kyu lagta hai ki maa tum se zyada pyaar nahi karti?

Pt.: lakh kamane bolne se nhi hota hai! Laakh kamaana hota hai. Mujhe Government ke exams nikaalne hain. Kadi mehnat karni hai. Din raat ek karna hai. 'There is no short-cut to success' and 'Practice makes a man perfect'. Main padhunga nahi toh kaise chalega? Aap hi bato aise thode hi hota hai?

(I was finding this quite difficult to process, he seemed to be on a different tangent altogether. I sensed that he was looking at me as some authority figure, who had a lot of power, probably even more than what his parents or brothers possessed. It was as if he was trying too hard to convince me of something..yes, something, that I could not understand much in those moments)

Me: hmmmm... achha paisa kam aane keliye mehnat toh karni padti hai. Par yeh batao tum harimaa tum se utna pyaar kyu nahi karti?

(I did not want him to lead the conversation on his terms, I wanted to see how much I can push him, probably identifying with the authoritarian role)

Pt.: Who aisi hi hai. Who chahta bhi nahi ki main bada aadmi banu. Khud jo nahi ban paya. Saari padhai barbaad kar di. Paise lage the itne, sab bekaar ho gaye (a long pause)

The pt. seemed both angry and helpless at the same time and I think I could understand him there. But I could not be sure, logically it seemed that he is talking about his younger brother but it wasn't clear. So I asked again,

Me: Padhai kaise barbaad hui? Padhai kabhi waste nahi hoti hai, ek din zaroor kaam aati hai.

Pt.: hmmmmm... par bahut paise barbaad hue. Par main sab theek kar dunga. Aap mujhe batao CDS or IPS ke form nikalgaye kya? Abhi nikal jaate hain na woh?

Me: kab nikalte hain?

Pt: Abhi

Me: Matlab kis month mein?

Pt. January-february mein shayad. Mujhe padhai toh abhi se karni hogi. Bahut mehnat lagti hai. Samjhata hun apne bhaiyon ko bhi, par who mujhe samajh nahi paate. (Pause) Pagal hun na main! Sab mujhse door rehna chahte hain.

I wanted to see how his mind is working, the logic that he uses and how he understands the world around him. I immediately asked him: Par tumhara sabse chhota bhai toh bahut achha hai, kitna khayal rakhta hai tumhara?

Pt.: Par woh exam toh nahi nikaal paaya! Meri sunta toh nikaal deta. Main pagal hun na!

Me: Aapko lagta hai aap pagal hain? (I always thought that such a question should not be asked in such a direct way, but I could not take back my words, and only hoped that the pt. would not be caustic)

A long silence (this was even more uncomfortable, and I was getting anxious with every passing moment, I wasn't sure if I had triggered something in him)

Pt.: Pata nahi... Shayad.

(There was a deep sense of guilt within me, as I thought I had unsettled something in the patient. I quickly wanted to change the topic)

Me: IPS ki padhai toh yahan hospital mein mushkil hai, gharpe ache se mehnat karni hogi. Yahan se bahar jaoge tabhi hoga. Jaldi se theek ho jao aur mehnat karo.

Pt.: Haan..yeh sahi hai... par mera dhyaan nahi lagta kahin. Padh nahi pata. Neend bahut aati hai. Aur yeh dekho..kitna mota ho gaya hun main, kaun karegi mujhse shaadi? Kamai bhi nahi hai koi?

Me: Yeh dawaiyon ka asar ho sakta hai ...

The patient's remarks made me think about the effects of medicine on any body. I was reminded of ReshmaValliappan's seminar where she talked about how the medicines had made her a vegetable and here I was truly able to understand that concept. A patient – especially a psychotic is dealing with so much, the voices, the 'real' reality, the 'unreal reality, every moment he is made to doubt the things that he can see, hear and feel, its unimaginable if you are put in that situation, and the kind of frustration, bitterness and vexation that it may cause within you. And

when you are labeled as an insane, everything that you do and not liked by the other is conveniently attributed to as a part of your insanity. And thus your symptoms, feelings and emotions, actions, etc. are under other's control. And I am not sure if such an intensely hopeless feeling can ever be put into words, and I would not even try, for it may dilute its essence. But the point I am trying to make is that even for the psychotic, their bodies, its shape, looks, could be as important as anything else in their life. They are forced to take medicines and become sluggish, sleepy, obedient and hence tractable. And I am not sure if all this would eventually lead to a recovery, but it certainly makes the patient feel worthless, unwanted and socially cut off.

Overall, basis all my conversations I had with the patient, I could sense a deep-rooted inferiority and along with that, what I thought was a knife, a long sharp knife with which one has been stabbed, deep, really deep, it cuts through organs and veins and the bleeding starts inside, and the pain it causes is immense and naturally you want it out, but you realize that taking it out is even more painful and it would result in a fountain of blood that would drown you and you will die (or a part of yourself dies). The tip of the knife is seen as the regret, which cuts through many layers of the physical self and impacts deep inside. And it stays there lodged inside, causing internal injury and bleeding but when detected and by dealing with it inappropriately (through humiliation, blame), it may cause a pain that is unbearable and could result in a rupture, not in the soma but psyche, with which can lead one to look for another space beyond this painful reality. And my mind took me to the hypothesis, where the patient was guilty of doing something wrong to the girl when the police was after him. Again that wrong may not be a physical act or outright molestation, it is possible that someone else was the culprit but he thought he had sinned as he was a party to the 'crime' either due to his act or his thoughts (sinful thinking) but it was this guilt which was eating him from inside. And he feared that when this would be out, it would be yet another reason why he would lose respect from his younger brother. I also felt that he was worried about the fact that he was not earning and hence would not be able to marry and considering that he had committed a crime (an act or in his thoughts – sin) he may not be able to find a bride for himself. And this redirects me to Laing who said, "The self feels engulfed, crushed even in ordinary exchanges. They want to preserve the secrecy and privacy of the self".

While talking the patient would just stop talking and would go into his own world and I would wait until he himself came back. I did not disturb him in those phases. He also told me that the patient had tried clearing government jobs entrances right after his graduation but was unsuccessful, however his cousin could and now he is more determined than ever to clear the entrance. His cousin cleared CDS – defense services.

On some other day during my conversation with Krishan, I got to know that the patient He also told me that he doesn't like his second brother because he had wasted a lot of his father's money at one time he insisted that he wanted to do a B. Tech but after completing it, he could not secure a job and is finally applying for govt. exams . The patient is angry on this and makes a valid point that is, if that is what he wanted to do why did he waste an year and finances?

The patient overall seemed a lot depressed, struggling with a self within. The medications were helping him but its effects were depressing him as well. The Patient had stopped taking care of his own self, his needs or his hygiene, he had seemed detached from his body, as if it wasn't his and that he did not care. This seemed aligned to Laing's view, which said, "Body is felt as the core of the false self and not the true self. Thus the embodied self doesn't engage in the direct participation in any aspect of the life of the external world. The embodied self becomes hyper conscious". So basically the dualities that make up the human experience are separated and are also exaggerated in psychotic states.

Other than the explanations and possible meanings in the psychotic symptoms discussed above, another interpretation is based on possibly the deep-seated hatred the patient may have had towards his father, for the loads of expectations he has been handling all his life, the burden of carrying his family through to a better financial position, being a role model to his brothers, etc. In all this he lost his innocence, he probably grew up too fast, repressed his emotions and never had the nerves to speak up, for he may never have realized all this. He may not have felt this discontent and he may have accepted it as his reality but also disconnected with the pain he had been enduring. He could see how his younger brother, who was given more in every sense was treated, he even believed that his brother was better than him and was the better man (he got to study a technical course, he was taller than him) and he lost his respect. R.D. Laing speaks of the "politics of the family" and describes deeply rooted imbalances of power that results in madness.

A part of the patient loathed his father for the way he was burdened with and seen as a savior which made him lead a miserable life all through and something which probably was the cause of him not doing well in the government exams and graduate level exams. He attributed the intense anxiety and self doubt on his father. However, he knew that he is not supposed to think like this for his father, not to wish anything wrong for him, it was a sin (in the patriarchal society that he is a part of), his other part acknowledges the suffering his family has seen and the pain they all have endured collectively, as a family. As Freud puts it, reality may fall victim to negative hallucination, as in "disavowal", wherein a significant portion of or even the whole of reality is experienced as not there. Freud eventually portrayed disavowal as functioning towards the outside world as repression does towards the inside. The patient, has the immense sense of unformulated guilt to have an unconscious hatred against his father that is causing this projective identification, causing the split and the symptoms.

I could not directly talk to the patient about the girl and the police episode, for I thought it could create a rupture, I also thought perhaps the patient may not be able to identify that episode and not react to it at all. I was curious to see how he may react but was not prepared to see the patient suffer because of it (in the short-term). But most importantly, I did not know how to bring it up in my conversation in a subtle way, as I knew that it had a deep sense of anxiety and guilt associated with the patient. Also, I was told that the patient would soon be discharged and I was certain that I would not be able to keep in touch with him. It's only when you feel you have just started to understand the patient, his case, his illness and his world and you feel for the first time

that you are in control of your own self with respect to the case, and trust me it's the most amazing experience and you can't wait for the next day to test your hypotheses, to ask those questions and see the reactions, not just in the patient but in yourself too. And when you are raring to go on the path of discovery, is when you realize that the patient is discharged. Not because he was cured and is functional, but because he had been a patient for over weeks and that there were limited beds and hundreds of patients who probably need the admission. Could there be a politics in this? I am sure. But would not like to get into it.

CASE 2

I used to notice him, almost everyday. Walking aimlessly, alone. He had that disheveled and a messy look. His body structure seemed a bit weird too, or maybe it was because of the kind of clothes that he wore - a bright t-shirt, a dark pair of formal trousers and sneakers. The combination may not sound as bizarre but he sure looked odd in them. At times I saw him talking to himself while walking alone or make some hand gestures while walking. But would stop all this talking the moment he saw people around. This guy is close to six feet tall and bulky. His movements are slow and most interestingly I had never seen him conversing with anyone, just a rare exchange of pleasantries and a firm handshake. And nothing more.

Honestly, I had a sense of repulsion when I first saw Mr. X – repulsion maybe is too strong a word here but I definitely did not feel like going up to him, start a conversation or be friends. It seemed that this guy had not taken a bath for months, he wore ill-fitted clothes and those sneakers with formal trousers seemed ridiculous. But at the same time, there was a deep sense of sympathy, a sense of compassion and respect. Respect because I admired that he could be whatever he wanted to be, whatever he liked and felt comfortable with, not succumbing to the pressures of the society and its norms. But I felt bad for him, so much so that I never talked about him to anyone, although all my friends saw him around, no one talked about him too, at least not to me. A part of me did not want to make fun of him, or ridicule him in front of others although he seemed ridiculous to me. But having said that, I must admit that there was a time when I had become so sensitive towards him that I had stopped making fun of him even in my mind or thoughts. I am sure that others saw what I saw, and there wasn't too much of subjective difference there, but yet they never talked about it. Is it because we are all sensitive beings doing a masters in Psycho-social Clinical studies? Maybe, but probably that is what stops us to talk about him, or make him feel out of place, laugh at him. But deep inside – I guess most of us are doing that. Sensitivity, compassion, concern.. I think I still have a long way to go.

All these observations, including the self talk, being alone most of the time but yet a desire to be acknowledged, accepted and befriended is what I could read and sense from everything that he did and those that he did not. I was curious to understand the behavior and the 'hallucinations' (my clinically inclined mind, could not resist). I wanted to know more about his world.

Eigen(1986) in *The Psychotic core* explains that since hallucinations are explained by something else one need not take their impact and claims very seriously. One of the most common ways to avoid the challenge hallucinate experience raises is to view it as an unfortunate bi-product or desperate result of an injured sense of self. if the wounded self is helped, the need to hallucinate will diminish and disappear of its own accord, or be confined to more normal functions like dreaming or loving or creative work.

For Bion, like Freud, hallucination functions so as to rid the subject of any sense of dissatisfaction. The psyche is aimed against irritants.

With this sense I started putting together certain abstract pieces of Mr. X;s life that was in front of me. I sensed that there was a lack of relationships that X had in the college, which honestly, was pretty evident. I had seen him in college on almost all days. But alone. He used to be in the cafeteria, eating. But there too I would find him alone. But then I wonder if he really was alone in all those moments. Who did he talk to? Could it be a figment of his imagination? But even in that, he possibly found what he craved for - a company, a voice, a friend. And now that he had found one, did he need anyone else? He may have found someone who did not judge him for the way he looked, the way he dressed and the way he danced. Yet there were moments when I thought I was over analyzing and looking for something that did not exist. I too many a times prefer eating alone. I too like to be alone, be with my own self, listen to music or do stuff, alone. So why should I pathologize him? Just because I had seen him talking to himself on several occasions, what if I was hallucinating?

Last year I saw him perform at college fest, he had a solo dance performance. This wasn't a part of the competition but was used as filler. He danced on a Bollywood item number, his dance moves were awkward, stiff and yet I could get a sense of passion that he had for this artwork.

I wasn't sure how to go about talking to him, but the performance last year was vivid in my memory, and I just randomly stopped him in the college while he was alone and congratulated him for the fine performance, I appreciated his spontaneity and courage to dance in front of a large audience. I went on and on speaking, and now when I loo back it was probably because I was feeling anxious, nervous and hesitant to begin a conversation with someone I did not quite like and wasn't sure how he would react to my approach. All though back then I was thinking that my talking would make him at ease. But I cant be certain if it did. His first response was an obvious "Thank you", just then I introduced my self and he reciprocated. He claimed to be a first year undergrad student and I was surprised as he looked big, bigger and mature than other students of his batch. His speech though was like a child, unsure and slightly confused, he spoke fast and repeated some words. To form a rapport I asked him his academic background and about his interest in dancing, as those were no brainers, I was fascinated to know that this guy has a diploma in Hotel Management and before joining this institution he had wanted to open his bakery shop. Mathematics, his core subject in graduation is remotely related to bakery and this made me think of my career choices. I could in that moment totally connect with him, for I had

faced something similar, opting to get into this field after working with top corporates post my MBA. I knew, only I knew what it felt to be at that crossroad, taking a leap of faith, following your heart and going against so many people that really matter to you. Is that being selfish? Maybe. We get only one life and we spend it without even realizing our purpose, our calling and when we do realize it (if at all) we find ourselves at a point where we cannot do anything about it, but just blame our fate, our parents our various other external factors. With this thought I had a newfound respect for this guy and I felt bad at his socially awkward way of behaving in general. As I thought people would misunderstand him just like me. It also made me feel judgmental - a trait that is considered very negative for an aspiring Psychotherapist.

But all this while I was trying to figure out why doesn't he talk to his classmates and why do I see him hanging around in college, rather aimlessly and alone. But I could not have bombarded him with such questions. I wanted to talk to him more but I did not know how. At the same time I was also cognizant of the fact that he might have some work, a class to attend. So I asked him if he has a class right now? And he quickly responded – "Haan haan, haina ek class, wahin toh jaaraha tha". I heard what he said but there was a sense of calmness in his voice as if doesn't care much about his class. And that made me feel better for I was hoping I could speak to him more. But just to be formal I said – "toh tumhe class jaana chahiye. Maine tumhe late karwadiya. Sorry yaar" and right then I was hoping to hear some thing like – no no, its okay, we can talk. I like talking to you. I don't have friends here. But actually he said – "okay bye" and shook my hands. I was a little disappointed, as in my head I was thinking that I am doing a favor to him, talking to him, for he doesn't have friends, since he is so weird and until moments back I was feeling that too.

I felt that he probably needed no friends, certainly many would have tried to talk to him, but such cold response! Why would anyone try again? And of course, he did have a friend – 'that voice' that he prefers to be with.

I wondered if I should ask for his number to contact him again and speak to him? I wanted to know more of him. Know more about this person and his internal world. But what sort of a cold response was this? But what should I expect from someone who doesn't talk to people, probably has no 'real' friend in college? Actually, I realized that I cannot afford to be melodramatic here, I need to do this because I find this guy weird and I am curious to know about him and considering that he was cordial and responsive was great!

So I finally decided that I had made a good start and that I should be proud of myself and that guy would have loved to talk to me but he did not now how to behave and react in common social situations. Yes, all these thoughts raced in my head as I saw him turning around and walking away. These were conflicting ideas, since I was also assuming that he had a secret friend/voice that was his friend and he did not want anyone else. But in those moments I wanted to be that voice, infact a much better one, which he would choose over his 'imaginary friend'. I was trying to be as good a person as I possibly could and I wondered if his imaginary friend was

better than me? I mean, how could that be possible? Okay, even if he was everything that he wanted, I was more real than he could ever be! I realized I was being a child to even think this. It was as if I wanted to befriend the boy who had his birthday and he had got a pack of candies to distribute in the class and if I show him that I am his best friend, I would get more candies. I know I was not being genuine, but in that moment I just wanted to be his closest friend. Maybe in those moments I was trying to fulfill a fantasy, as I was trying to be his therapist and wanted him to accept me, idealize me and place me on that pedestal. I was being selfish.

After about 10 minutes I saw him going towards the canteen, alone. What on earth did that mean? He lied to me? He bunked his class? Or was his class canceled? And most importantly, how could he walk right past me and ignore me. We were talking just minutes back. And I thought we had struck a chord together. Why do I disappoint myself? But his behavior needed an explanation. I could not understand that completely. And my defenses took over. Maybe he wasn't sure how to comeback to me when he realized that the class was dismissed or canceled. He did not have my number, and more so, how can I expect him to call me, or comeback to me to talk? Would it not be weirder? And he may think that I would assume that he lied to me and he may have to do some explaining to do so he preferred to walk past and not talk. Also, there have been instances I ignore someone without any reason, I just don't want to talk to certain people at time, for no rhyme or reason. I simply avoid them and the next day I may want to hangout with them or be really close and friendly. And if that guy was thinking about us and our conversation and the fact that I may have felt bad to see him walking past me? Is he thinking about all this too? How could he not? But isn't he socially awkward and stupid? I can't hold this against him.

In the very next moment I had a strange thought, if Mr. X even attends his classes? I thought for someone who doesn't have friends, prefers to stay alone and be with his 'secret friend', whom he cannot really interact in front of others, would he not prefer to skip his classes and be with the 'voice'? And that could be a possible reason why I see Mr. X in the college, till late evenings. This might just be his space, his only space. I had thought I would speak to some of his classmates, whenever I could.

I saw him quite often thereafter, and every time I did, I made sure I went up to him and greeted him and he would always reciprocate with a handshake. It seemed formal, very formal. I did not know how to ask him for his time to talk, how would he construe my request? Because it does seem odd. However, one day I could muster enough strength to ask him for his number so that I could call him and we can meet within college to generally chit-chat. I don't think I would be able to write here the kind of anxiety that I felt right before I asked him or the millions of self-doubts or questions that raced within my head, but I did manage. Somehow. One of my accomplishments. And this was even before he responded to my request. I felt so happy to have won this internal battle within myself to have asked for his number and at that moment his answer did not matter to me. Or maybe. That guy in a flash took out his spice mobile phone (was very ordinary) and asked me for the number I gave him the number and asked to give me a

missed call. I could not believe it was happening so smoothly - piece of cake. This feeling was visible on my face but that guy seemed emotionless, and quickly turned around to go, and it was in that moment that I saw a rare smile on his face - a possible sign of approval, an accomplishment of sorts. But now when I look back, I am not sure if he felt what I thought that he did. If he actually smiled?. You only see what your eyes want to see. It could be an illusion. However going back in that moment of pleasure and accomplishment I could then relate it to how a boy would feel if he managed to get the phone number of his school crush. I know I am making this very weird but I could totally relate the two feelings. I felt as if that guy always wanted to have my phone number and maybe he did want friends, people he could hangout with, speak to and form a bond with. But there was something about him that did not allow him to do that. And I was again in that state of confusion. Was Mr. X experimenting, taking a leap of faith in this ordinary world? Did he give himself a chance to come back to this reality and was ready to embrace it? But why? Wasn't the voice/s his preferred mate, companion and his priority? I always thought that it was. Then why this interest in being friends with me? Taking my number?

As Debra Lampshire writes in her account of; experiencing psychosis, "My retreat into madness was a response to rejection. Madness has been a place where I controlled all the outcomes. I gave myself the happy ending, the charmed existence; I could be all that I wanted. I did not have to work at it, I just was. I was liked and admired. I was respected and adored. These moments, though became fewer, the outcomes less predictable, the residual effects less convincing, less satisfying. I was confronted with the truth, the callous irrefutable truth: I was not special or gifted. I just was". It reminded me that voices too perhaps may not always have the same relationship with you all through, just like our real world relationships, they may change. And was this the reason why Mr. X , in what seemed to be like a very calculated decision, sought my friendship? That must be playing on his mind for so long and that is why the prompt response to exchange numbers, a step towards distancing himself from the voice that may have started to torment him and control him. Could Mr. X be actually using me as an escape from a reality that he had made his own and now regretting?

I had gotten busy with things and did not call him, I did not even get a call from him. One day, by mistake I happened to call him and the moment I realized that I disconnected but in the next 4-5 seconds I got his call back. It was quite surprising. It seemed that he was right on his phone when I called and he did not waste a second to call me back. As if all these days he was waiting for my call, which he sought as an opportunity and resisting himself to call me – for it may prove that he is desperate. And this too could be connected with a girl and a boy dyad, having a crush on each other and playing mind games to score points. I answered the call and apologized to have called by mistake and told him how I had gotten busy but asked him to meet me in the college in front of the library at a particular time of the day. The guy was okay with that time and he hung up. After the call I was wondering if he might have thought that I was playing games with him by giving him a miss call and apologizing for calling him by mistake. He could see that a deliberate attempt! He may also look at me as a miser who did not want to use up my talk time.

That day I met him early morning and we were generally talking about girls, he spoke like a child, as if he had mental representation of his father and parents with him always.

Me: tumhre dost kaun kaun hain class mein?

Mr. X: Douglas.. Douglas hai

Me: Douglas? Tumhari class mein hai?

Mr. X: Haan Haan, wohi (excited, as if I recognized who Douglas was)

Me: Par maine kabhi tumhe uske saath nahi dekha. Tum uske saath ghoomte firte nahi ho?

(I was perplexed, I could not believe Mr. X actually had friends in college. It seemed as if I had made a gross mistake in understanding this and had pathologized something which was not! But I thought I will see where this goes.)

Mr. X: (a little worked up) nahi, uske aur bhi dost hain na! Main usko bolunga toh woh mujhse baat karna band kardega.

I could sense a painful history here, experiences of shame and rejection, I thought my eyes would tear-up but I controlled my emotions. I was reminded of Freud's theory on pleasure and pain, Freud draws attention to a fundamental tendency in human life to imagine pleasure where there is pain. His concern was far more radical than the usual hedonistic utilitarian philosophy that sees the ego as seeking a practical balance of pleasure over pain. Freud said that we try to imagine ourselves satisfied when we are not, even at the most fundamental levels of our being. At an early level of development, "wishing ends in hallucinating" (Eigen, 1986). As it is possibly these painful experiences in his past which led him to hallucinate)

Mr. X: Humein apne dost ko itna pareshaan bhi nahi karna chahiye ki woh humse door ho jaye – aisa papa kehte hain mere.

I just smiled, as I could feel his pain and probably his father's too. I was getting overwhelmed so I thought of changing the topic. I asked him if he has any girlfriend.

Mr. X: Nahi. Woh toh nahi hai abhi.

Me: kyu?

Mr. X: Arre girlfriend toh college ke baad hi banti hai na!

Me: kyu? (I thought he was just trying to be funny)

Mr. X: Arre kyunki..kyunki maine tv pe dekha tha ki meerut mein ek ladke ne college mein girlfriend banayi thi aur usko police utha ke legayi

That was one of the most nonsense thing I had heard. I did not how to disprove it and right then he said,

“Mere parents bhi yehi kehte hain. Isiliye mujhe padhna hai aur bada officer banna hai. Tabhi mujhe girlfriend milegi. Aur fir meri shaadi hogi aur sab achha hoga. Padhai bahut zaroori hai nahi toh rickshaw wala ya sabzi wala hi banunga”

I felt that his parents probably constructed these understanding in order to keep him focused to his studies. I remember people in my family saying exactly the same thing about studies, that if you don't study and secure good grades you would end up being a rickshaw puller or a taxi driver. At that point I felt that I am talking to an eighth standard school boy. I was thinking if he has regressed during this conversation or has he always been like this? I was beginning to feel uncomfortable gradually as I sympathized with him.

Me: Tumhari ladkiyan dost nahihain?

Mr. X: Hain, hainna.par bahut saari nahi hain

Me: tumhe koi pasandhai? Matlab tum kisiko bahar ghoomane le jana chahoge? Movie pe shayad?

Mr. X: (very excited) haan haan, chahunga toh! Matlab maine A se poochha tha college jab shuru hua par usne bola uske paas time nahi hai. B,C,D ko nahi bola. Par who sab achhi hain!

Me: ye sab tumhare class mein hain? Tumse baat karte hain?

Mr. X: haan haan. And he smiled (this time for real)

I further asked him,

“Tum movie pe A ko le jaana chahoge ya B ko?”

Mr. X: B (I smiled, I was thinking no matter how childish and protected he maybe at home, he is after all an adult and his innate drives and instincts would take over some day. And I thought I could see glimpses of that).

Just to complicate and make it interesting, I asked him,

“Accha aur agar B or C mein se option mile toh?”

Mr. X: C (I noticed him hesitating a bit, and probably doing some mental calculations, I could not understand what that was, probably he was seriously considering all the factors before announcing his decision).

Me: Aur agar C aur D mein se option mile toh ? I smiled.

Mr. X: D (I was surprised to hear this, he was choosing a new person everytime. What a dude!)

Me: D aur A mein se?

Mr. X: A

Me: A aur C mein se?

Mr. X: C

Me: C aur B mein se?

Mr. X: B

Me: B aur D mein se?

Mr. X: D

Me: D aur C mein se?

Mr. X: C

By this time his answers seemed so mechanical. He was answering them as if he was taking some quiz. I felt really tired. Exhausted. Did not know where this was going. He never meant what he said it felt. Was he taking me for a ride? It did not seem so. I felt there was something abnormal about him. Maybe he needs professional help. His face still had a smile. As if he was loving this conversation. A conversation that he had not had for a long time. And I did want to oblige him by keep talking but I felt so drained out by then, that I wanted to just leave. I thought that this conversation was not going anywhere. I felt I was talking to a 14 year old boy. Who had core values instilled him by his parents and that he would hold on to them as far as possible. I wanted to see how far though. I put forward to him the Heinz dilemma. And he immediately said that stealing is wrong! I further questioned him – “But what if your wife is dying?”

He said: “hmmmmmmmm”

By this time I was frustrated by the kind of answers he was giving. I started to have a headache and I thought that it is not healthy to sit through. I asked him if he has a class? He said that he does. I apologized to him and asked him to rush. I even asked him why he doesn't tell me if he has classes. To which he murmured something – “mujhelaga ...”

I also blamed myself, I could have asked this question earlier, even before beginning this conversation so that I would know how much time I have. There was a sense of guilt which was taking over. And in the next moment it was gone. I went towards the canteen and saw my classmates; we started chit chatting and ordering food. I was feeling better, the headache had subsided. But the feeling that this guy needs some one to talk to, some friends, probably some guidance and counseling - lingered.

In the moments I had with myself, I could not help but think of Mr. X trying to understand whatever conversation we had had that day. I thought there was a lot of content and it needs to deal with patience and care. I had made a mental note that next time I would talk to Mr. X about his family.

One day while leaving the library I saw someone sign in his name as Douglas. I could not help but notice this guy. I did not have time then but I thought I will speak to him some other time. The same day, I caught hold of him in one of the corridors and I expressed my desire to speak to him, as I introduced my intent and myself. He was welcoming and we went to one of the lawns within the college to chat. The moment he sat he told me that he doesn't know Mr. X well and that he has spoken to him just once! This revelation was truly unbelievable. He talked about Mr. X's social awkwardness that everyone has noticed, he told me that there were a few who had initially, at the beginning of the session approached him, but gradually distanced themselves as they found him weird. I also checked if he talks to girls in his batch or if they speak to him. I was not really surprised when I was told that they did not. I asked about A, B, C and D and found out that these girls were not in his class at all. It was like the Sixth Sense movie climax moment, when you realize the twisted plot. I thought that either, Mr. X was too clever to be taking me on a ride or perhaps, all these characters, realities, are a figment of his imagination. However, I was told about one girl whom Mr. X's father often calls to understand the assessments that needs to be submitted, and he had met that girl once he came to college. He had met his dad too. He told me that he looks very old, but very concerned and tensed all the time. I was also told that he is quite strict and believes in discipline. (Which explains why he acts like a 8 standard student and has a mental representation of his guardian which assists him to decide what is right and what is wrong.) In that moment, I attributed everything wrong happening or abnormal happening to him on his family. As R.D. Laing speaks of the "politics of the family" and describes deeply rooted imbalances of power that result in madness (Eigen, 1986). It was only later that I realized that I was being emotional.

Talking to Mr. X's class friend, I realized the immense sense of loneliness that Mr. X has been carrying within him and the kind of life he possibly leads at home. Always told what to do, disciplined, tamed and imprisoned (metaphorically). No wonder I saw him in college for such long hours, alone, everyday. Douglas had seen Mr. X talking to himself too, quite often but he wasn't sure why he did that.

Listening to Douglas made me think of the emotions it evoked within me, and it reminded of a similar feeling that I felt when I read about the personal experience of John Wraphire, who wrote about his personal experience of delusions in the 2012 ISPS publication.

He writes about his school days "In one class, when I was 16, I sat still and silent while other students talked and laughed at each other. With nothing to say I made my face expressionless

and stared at the table in front of me. I listened and watched with all my peripheral vision for any signs of what they were thinking about me. One of them said that I was like a rock ... he has got no friends and he is a loner. People were saying what I believed about myself. Although expressionless, I was full of pain. I had started avoiding classes”

He talked about how his childhood was essentially a happy one but there was constant yelling and quarrel between his parents and at five years of age they separated. He remembers how his dad on numerous occasions told him – “you have got your brains in your bum” or “You have got no commonsense. John tried not to get affected too much, but it was doing things that it had to, to a weak and a vulnerable mind, slowly and gradually. As a child John was extremely sensitive. He narrates “I have a memory of being laughed at by two men when I was around eight. I guessed they were laughing at my shorts, so I never wore those shorts again. It may have been the first time that I was conscious about my appearance. I never discussed my sensitivity with my parents as I didn’t believe they could help me”.

A few days later, I met Mr. X and started talking about his family, he was initially trying to dodge my questions and did not answer freely and this seemed peculiar, as he is a person who would answer questions promptly. I felt that I had touched an uncomfortable part of his life. He told me that his father is a Scientist in defense and is a brilliant mathematician. In the same breath he talks about how he has always been an average or below average student. He barely passed his class 9 and eleven exams. When inquired about his performance in college academically he said that he had been doing quite better and greeting Cs and Ds for grades. He was smiling when he said this. But I could read intense pain and possibly an associated trauma. I felt that Mr. X had been failing his father from the very beginning, he had been poor in academics and a cause of shame for his father who has been exceptional and it hasn’t gone down well with him. I wanted to unfold this complex and painful relationship but I did not know how. I was also scared for I was not sure if I would be able to contain things that may emerge. Mr.X would not directly say, but his broken parts would come up occasionally. He claimed that he could have been a better student if his father did not teach him, he is strict, very strict. And I could sense that too, all of Mr. X’s life yet, was being forcibly controlled. He was never trusted with his judgments, he never felt free from inside and he craved a relationship which would accept him the way he was, respect him, hold his hand and help him. He wanted someone who could back him up and let him explore the world, the people and the relationships. Like a secured base, in this case a father figure. And it possibly resulted in a snap. In fact it could not have been a snap, but rather a slide, as Todd Essigg explains” Snap implies an on/off switch. But for most people suffering from an illness that has psychotic symptoms ... it would be more accurate to describe it as a slide than a snap, with some slides being steeper than others”. And thus it’s a culmination of life struggle and the painful traumatic histories, and the process must have begun a long time back, slow but gradual.

Listening about his father, I remembered the movie Taare Zameen par, where Amir Khan talks about how the parents in this cutthroat competition are actually not raising kids but breeding

racehorses. They want their child to make them proud, be exceptional in academics, extracurricular etc. Get into an IIT and IIMs and get the highest pay checks. And this desire drives them in such a manner that they forget whom they are dealing with and not every child is the same. I can't imagine how big a trauma it must be for rich and successful professionals who have autistic children. The kind of shame they go through and while dealing with it, which starts by denying it and covering it up and forcing the child to be like the others, the kind of rupture it may create inside the child, the humiliation, the anxiety which could also result in dissociation. Mr. X also told me about the lack of trust his father had on him when he wanted to start his bakery after completing a Diploma in hotel management. Maybe a new venture is difficult, I agreed but the contempt and utter disregard to his interests, his independence, his capability and skills is indeed a blow to his already deeply wounded psyche.

I asked about his school days, he said that they were both good and bad. Bad because primarily he would perform badly in academics but again, he liked his school (it was another space he had for himself, away from everything that tormented him). He said that some of his teachers really liked him (or so he believed). He told me that he had done well in class 8 in mathematics, and he really liked his class teacher then. In fact he claimed that he used to go to her class every week to meet her, and had made friends there. In fact he claims they were the only friends he had, he did not have friends in his own class although he tried. So every year, he had new set of friends, her teacher was teaching class 8 and every year she had a new set of students to teach and manage. It made me feel if he really wanted to be friends with those kids in her teacher's class and was it just about the teacher that he cared for. I felt that in his teacher, he found a parent that he could not let go, he felt her love, she must have been patient with him. Must have been listening to him, holding him and helping him in his subjects, precisely why he managed to score well in Maths. And perhaps for the very first time he had made his father happy. And he must have associated it to his teacher and hoped that if he can be around her, he would be able to get the love and respect from his family. At his home however, the environment was drastically different, he was never given importance, treated as someone who is really stupid and that his opinion doesn't matter and was controlled and manipulated. I wondered if this was another reason why he is usually regressed or talked like a small child. Donald Winnicott (1954) saw both psychosis and regression (which may occur separately or simultaneously) as the means by which some individuals seem to shed their false fronts in order to reach a new and vital relationship with themselves and the world.

In our conversations Mr X talked about how in class 9, he had a friend that he was fond of. He said that he was bad, but he liked him. It made me curious and I wanted to know more. His friend would talk to him about sex, he urged him to go in front of the junior girls from class 6-7 and open his zip. He would ask him to kiss them, forcibly and once a teacher got a complaint from one of the girls whom he had kissed and in the next parent teacher meeting, his parents were informed of this, upon their return they asked Mr. X about why he kissed the girl, he said that he did not want to, but his friend asked him to and he could not say no. He was obviously

scolded and told never to repeat it (and probably even beaten, but he did not mention it, neither did I ask), however he admitted to have done this again on quite a few occasions. I asked him if he still is in touch with his friend and he said that he is. He told me that he is studying too in some school. I was taken aback; it occurred to me that the friend who has been asking him to do bad things, the friend who he shares a love-hate relationship – is he for real? Or could he be a part of his hallucination?

As Eigen writes, the psychotic individual is portrayed as one whose will is preempted by another's. He is incapable of making decisions, but rather must submit and obey (Eigen, 1986).

I could also think of Mr. X's emotional and physiological state at the age when he would be in class 9. He might have hit puberty, there must be a lot he would have been dealing with, lots of changes, its quite unnerving and if you don't have friends or guidance or a good support system, its possible that you may disintegrate, and in that state may want to explore the new found vigor. I guess his friend that he found from nowhere. Was his need to cope up with the chaos he was into. Considering the family 'support' or rather the lack of it made him what he was. And as Dana Amir in her paper –The split between voice and meaning: The dual function of psychotic syntax, writes that it protects one from madness by means of madness.

I was trying to understand how the hallucinations have not been noticed or observed by his teachers in school and most importantly by his parents. Is it because they do not care or is it because they choose to ignore? But I am sure they must have seen it too, at some stage. Did they think Mr. X is making it all up and they felt that the best way to deal with it was to ignore and this would discourage him? As I realized that this must have been going on for so many years with Mr. X and how his relationship with his voice/s, 'friend/s' may have evolved with time. There were moments like this one when I felt flooded with emotions, thoughts and questions. I wanted to stop talking, stop thinking and go blank, but at the same time the fire within me which made me curious and hungry to know more, wanted me to go on and on, delve deeper, think in all possible directions. But yes, it was extremely exhausting. In all the conversations, thoughts, feelings and the emotions they evoked makes me think of the inter-subjective nuances which acts as the major influence. ...wherein even as we make sense of the 'other', we arrive at relatively "greater knowing of ourselves" (Vahali, 2003). It is imperative to realize the importance of the dual relationship between knowing oneself which would allow you to know and relate to the experiences of the other, it helps you to have the counter-transferential responses and at the same time while you get to know the other person and experience what goes inside you while you listen to them, their pain, their horrors, struggles, victories and joys – it also lets you find parts of yourself that were still hidden to you. I have always found his passion for dancing difficult to understand, since when I saw him performing his moves were far from elegant, it was more comical. But I realized that his parents, particularly his father may not have accepted or liked it, but it is perhaps in this art form that he found his expressions - his true expressions that otherwise lie in the abyss.

Very recently I got to know that he has been working on numbers, I asked him what exactly he has been doing. Mr. X asked me to open the calendar on my phone and pick a date, any date between the year 2000 and today and he would be able to tell me the day. And he did, every time. Also, he remembers the release year of all the Bollywood movies released after 2000. It was actually incredible, and I was wondering why is Mr. X is investing his time on such things, he told me that now people would know how good he can be with numbers and he may show this talent on India's got talent. The way he said it was funny, but I tried to connect how Mr. X may have found the strength to deal with the reality that he was perhaps running away from and now he has taken a big step towards embracing it. He is doing something extraordinary with numbers and his memory and this would probably make him earn the respect and love from his Scientist/mathematician father. At the same time he is opening up to forge more real relationships and friendships and that is heartening.

At LHMC, I had observed how psychotics resisted taking medicines, and I guess that although their delusions and hallucinations may be problematic to his family and to them, tormenting them, scaring them, but they also were their saviors, they were the king of their worlds and the heros, they were flawless. The medicines and treatment were taking away from them, even though a part of them want to get rid of them. The moment they sense that they are losing that 'unreality' they realize what is it that they missing. They come back to the world where they are powerless, worthless, a liability, a loner, social outcast, etc. Keeping this in mind, I can understand how difficult this transition must be for Mr. X, for he could too want to reopen the door that he is probably trying too hard to close down. In that regards I hope he gets all the support, I am ready to play my part, in this process. Not because I feel a sense of obligation after having to know him, his history, his pain but because its admirable to see someone having the strength, the courage and the will to take control of his life, to accept himself, his realities, listen to his own voice, his heart and his mind. But again, having said that, I don't have friends who are like him, act like him, have a fashion sense like him or who look unkempt and dirty. Its definitely not a guy I would be attracted to or would approach him. So I think, the feeling that is being generated is more of an empathizing type. I may have been fulfilling my desire of being a therapist to someone and helping him become fully functional. But I may never want to accept that.

The fact remains that I wanted to help him. Although I know how taxing it can be – I have been experiencing it, every time I talk to him. But I still feel there is a lot about him that I should know since with every conversation I am getting to know something new which takes me to some new hypothesis or in certain cases strengthens a particular belief. I would want to hear him more, things that he says and those that he does not. I would want to know the person that he is, both in my world and his. I want to engage with his solitude, his fears... I want to go deeper.

CASE 3

The patient is an 18 year old who is diagnosed as a Schizophrenic with auditory hallucinations, delusions of persecution and disorganized behavior.

The patient comes from a lower socio-economic class, living in Nangloi, Delhi.

I am not including a detailed case history here, but just mentioning the key points that stood out and I could link together.

The very first sentence she said to me when I introduced myself to the patient's mother was that she doesn't hear voices anymore. She wanted to be left alone. In the first few seconds with her - I felt like not talking to her, I felt that the patient is cold and distant. And to continue talking with the mother was indeed very difficult. I wondered how those few words from a patient who is diagnosed as a Schizophrenic with auditory hallucinations; delusions of persecution and disorganized behavior could unsettle me. I should understand her resistance and anger, and possibly the many associated emotions of being 'helped'.

The mother told me that the pt. doesn't like talking to anyone, be it the ward boys, nurses or the doctor, not even the fellow patients. I won't say that it made me feel better, for I was still quite bitter about the patient's initial reaction of me. But I tried hard not to express that through my words or body language. I felt quite weak inside, I realized how much I was affected by those words and wondered how I would be able to deal with difficult patients in my capacity as a Psychotherapist in future, I was sad.

I continued talking to the patient's mother asking her about the family situation, her stay at LHMC, I asked about any family history of mental illness. She denied and with that broke down, sobbing, I could sense her pain, but was feeling very uncomfortable, since I did not know how to calm her down. My initial reaction was to put my hand on her shoulder and comfort her, but with her 18 year old daughter sitting right next to her, I wondered how she may construe it, in those moments I was also hoping that the patient would do something, but she did not. Seconds later, the mother was fine, she wiped off her tears and asked me if her daughter would be alright. She said that no one had ever spoke to her the way I did. She felt that I could do something for them, she felt that I genuinely wanted to do something for them. It is one of those feelings that evokes two contrasting emotions in me, first I felt ecstatic to have created such an impact, to have been seen as a savior, given a god like status, feeling powerful and filled with Narcissism but as they say, with great powers come great responsibilities. I know I am not a qualified person to take care of her daughter. I don't even know for how long the patient would stay at the hospital (perhaps the most annoying thing about this hospital), and this made me fill with regret and hollowness. I felt it's a crime to give someone so much hope. I would never be able to tell her that I am not sure how much I would be able to help your daughter, show signs of incompetence

and self doubt. I guess that would only dampen her spirits. I face such conflicts almost every time I talk to some patient at LHMC. Above all else, it reminds me of the granularity of their despair, pain and helplessness.

I usually get awkward when I see any female crying, I don't know what to do in those cases. Those are truly uncomfortable moments. I realized that my awkwardness is because my instinctive reaction is to touch the person and make her feel better, and this fills me up in fear, for I don't know how the female will react? But I asked myself how do I feel when females console me? As a matter of fact I find that very comforting, I feel that the females can understand you well, are warm hearted and empathize easily. But another weird thought crossed my mind in that moment, I wondered if there is a need in me to touch the opposite sex? Especially when I see them vulnerable, the very thought fill me up with disgust. I am certainly not a pervert or overtly sexual. I am just sensitive to others feelings, apprehensions and would never take advantage of such an 'opportunity'. Or was I? Who preferred to live in a world of denial? The direction my thoughts were taking me was not appropriate in that moment. I forced my self out and focused on the patient.

I started talking to the patient, starting with basic questions to build a good rapport, I asked her if she slept well last night? If she likes the meals served here? The patient's responses were terse and had blunt affect.

The patient liked watching cartoons, Tom and Jerry being her favorite. She would not like doraemon because of Nobita, who she thinks is a 'bad boy'. The words 'bad boy' stayed with me. I first started to think if the patient had been reading my mind when I was thinking about my need to physically touch a female to comfort her. And then I thought if she has some history of knowing a certain 'bad boy'. I was also thinking, why she found Nobita bad. I have seen this cartoon a few times; my nephew is hooked on to it. I realized that Nobita is a bad student in his class; he is insecure, intellectually low. Is naughty and is often scolded by his mother for being a lazy bum and also, Nobita is in love with a girl in her neighborhood. And I zeroed in on the poor academic performance and the fact that he was in love with the opposite sex as the possible reason as to why the patient thinks he is bad. I considered her conservative background, the financial strain and the great emphasis on being a good student and also the fact that girls especially are categorically told to be away from guys, not get too close to them, repress sexuality and act asexually.

When asked, why she is admitted to the hospital, her first response was that she doesn't know. Her mother interrupts saying that she had fever and headache, which was unbearable and that they got her here in the hospital. I asked the patient how she liked the place and she responded saying that she doesn't want to be in hospital but doesn't want to be at home either. She wants to study and earn well. She took only 6-7 seconds to say all this, but it stayed with me in my head for a few days.

Later, the patient confessed that she doesn't like school, but she does like studying. The first thing that came into my head, was some sort of a humiliation, anxiety, punishment or a really bad experience at her school that makes her say that. But I wanted to take it slow and explore all aspects. I asked her why she did not like her school, to which she did not respond immediately, as if deciding how much to reveal to the person, whom she is meeting for the first time and whom she did not like. After a pause of 4-5 seconds she replied that she did not have friends there. Her mother interrupted again, saying that she is very close to her and tells her everything. They are like very good friends. As if trying to prove that she is an ideal mother. I smiled to this and saw how the patient responded to her mother's claims. She had no expressions; she was looking down searching something on the floor. Maybe she did not quite agree. I thought that when parents or mothers claim to be best buddies of their children, how should a child react to them? They cannot say no as it would be rude and also mean that they have secrets which they possibly can't or would not want to share. But in the parents mind they believe that their child is transparent and there is nothing about their internal, secret little world that they don't know.

The patient started having a headache and she had to go back to her ward. (I personally preferred to speak to female patients outside of their ward, so that there is some privacy and we can talk about even the uncomfortable things that one may not divulge in front of the fellow patients). While going back I was thinking about the love-hate relationship the patient had developed with LHMC, the institution. I remembered that the patient had said that she doesn't want to be in hospital but doesn't want to be at home either. I was well aware of the infrastructural problems in the hospital, the cramped spaces, no recreational activities, being force-fed medicine. Feeling lethargic and sleepy all the time, patients tend to forget that they were even alive. They had put on weight and how could they like all this? But if she prefers this over her home, it goes to show the misery and pain she felt in that space. I wanted to know why.

Arieti (1974) maintains that, in every case of schizophrenia that he studied, serious family disturbance was found. It is also believed that psychosis might be a compensatory activity, one frequently accompanied by a reparation mechanism that contributes to intrapsychic and character maturation. This reparation will be facilitated by creative and cognitive activities, reality-testing, self-investigation, and the utilization of social-emotional learning moments during psychosis.

In the next session I had, I started up from where I had stopped last time. The patient, seemed a little better. She was quite active and was insisting her mother to buy her a flavored milk bottle from a small kiosk within the hospital. With all the negativity towards the patient that I had at the beginning of the first meeting faded, I felt better internally. I asked the patient if she ever had friends. She told me that she did, her name was Shweta, who used to live nearby her home when she used to live in Hari Nagar. Shweta had been to the patient's house on numerous occasions but after a number of requests from Shweta, did the patient go to Shweta's place just once when Shweta's elder brother was in the house too. Never again did she go there. The patient claimed to have watched TV at Shweta's place, and nothing else.

The flow in which I am writing may not be able to capture how slow the conversations were actually moving. The patient did not respond to my questions, and on numerous occasion answer – “I don’t know” upon further enquiries did she reveal a little. I asked her, if she spoke to Shweta’s brother. She did not respond, I asked her again and she said they had no conversations. And again, I noticed that she was looking down on the ground, as if looking for something. I remembered I had seen such a body language in her when her mother claimed that she is a good friend to her. I could not help but relate these two, or rather tried to see the commonalities. Was she hiding something? Or was I just overthinking.

The mother had come by then and I started talking to both of them together. I asked how the patient had been in school, to which the mother proudly said that she was wonderful and very hard working, she had scored 75% in her boards. She also told me of an incident when, during 10th standard one of her classmates had taken her to some place, within the school premises where some boys were doing ‘bad things’ and that the patient had got very angry and disturbed seeing that. And the patient actually told her mother only after a week later.

I felt then, if her mother was really like a friend to her, the way she was claiming, the patient had to deal with the abuse (if I may use that word) and the pain of the visuals, perhaps humiliation or a sense of guilt which she carried within her for a week before expelling it out to her mother, goes to show that the pain had reached intolerable levels for her to share it. I wanted to know when the patient had hit puberty, because I was thinking that the patient might have seen something sexually explicit. I also wanted to explore her comfort with her own sexuality and her body. And I waited for the right moment to ask the question to the patient’s mother. I have been struggling with these questions, in the sense that I have always felt uncomfortable asking such questions, or questions about their sexual life. It has been over 1.5 years that I have been going to LHMC but till this date, I am not comfortable. I have thought about it a lot, but there is a point after which I prefer to switch off. But this needs an answer, hopefully someday soon.

The girl got up to go to the washroom and it was then that I asked her mother; I was told that she had hit puberty in class 10 only, some 4-5 months before the incident. I wanted to know more about the incident, and I thought it is best to ask the mother, for the patient may not want to relive it. But the mother used the same words, “ who kuchhladkegalatkaamkarrahe the”. When I pressed her for more details, she said that I should know what boys do in school. I did not ask any further questions. I just wondered what would guys do. I thought intercourse in the school is not possible and too big a risk, masturbation is still possible or perhaps watching porn or looking at an adult magazine. Whatever it may be , I was fairly sure that she saw something fairly explicit and graphic images that shook her from inside. She had just started to discover a new and perhaps a shameful side of her. And that could be due to the way her menses were looked at and perceived at home, by her father, mother or siblings. Given the area that she lived, Nangloi, which is majorly a slum, where people are not as educated and there are many incidents of crime against women, it may have colored the perception how, females, especially those who were

adults and sexually potent were seen to be a burden and a liability and were encouraged to repress their sexuality and cover all parts of them that made them look enticing

As R.D. Laing speaks of the "politics of the family" and describes deeply rooted imbalances of power that result in madness (Eigen, 1986).

How this started was when the patient had started to go to a nearby cyber café to learn computer. She started feeling that people were looking at her, talking about her, laughing at her. Later she complained to her parents that people deliberately went past brushing her, trying to touch her and kiss her. People smoking cigarettes would appear to her as if giving flying kisses to her.

It is when an individual is more or less divorced or detached from his /her own body. The body is felt more as an object among other objects in the external world than as the core of the individual's own being. Body is felt as the core of the false self and not the true self. Thus the embodied self doesn't engage in the direct participation in any aspect of the life of the external world. The embodied self becomes hyper conscious (Laing, 1965).

The patient's mother told me, that on a few occasions, the patient would get frightened and say that one of her cousin is coming to beat her and torture her. That cousin has not been in town for the past 6-7 years and the family is not in touch with him.

Rhodes & Jakes (2000) refer to the idea that most psychological distress relates to unmet fundamental human needs (Gilbert, 1989). For example it has been explained that persecutory delusions are an expression of a feeling of being an outsider to the group, which relates to people's fundamental need for affiliation.

The patient doesn't have friends, her mother wants to know everything from her, acting like her best friend, but would never make her feel loved and cared unconditionally, she too judged her about her reality and was never a support system.

In one of the meetings the mother told me about how the patient would put on make-up and lipstick and sit alone on her bed at night. The patient would demand that she wants to get married to a rich guy earning a lac per month.

There have been occasions when in her episodes of breakdown she would take off all her clothes in front of her family, including the male members. This was quite some revelation; I had to focus around sexuality within the patient and the family. I wondered why are all these important pieces of information being shared so late. And I realized that a day before, the patient's father had come to meet her and there was a chaos when the patient hurled abuses and hit him. No one could understand why, but before that day the patient had been doing better, getting 'normal' as her mother had mentioned. But the incident with her father made her realize that the patient is not cured yet, and perhaps these information which she probably never wanted to reveal to me or to anyone else, had to be brought to light. It was a calculated decision. It made me wonder about

the deep secrets within every family and how they may keep it covered from those outside of the family and even within for many years and take them to their grave. But felt how essential it is that the talk about everything, openly without any possible distortions, but again I felt the therapist or the doctor cannot ask for the information like this. They have to win their trust first, so in that sense I felt good.

I was told that the patient was the fairest in terms of her skin among her siblings; it made me wonder if that made her attractive and vulnerable at the same time. I felt that the father could have sexually abused the patient. And the fact that she hit puberty could mean that she would be married and would be someone else's someday. It may have irritated the father and caused her humiliation and loss of an image for her psyche and the physical self.

The desire to get married could be an unconscious attempt to become sexual and also free herself from her father's clutches. The bridal make-up and sitting on her bed like a newly wed may imply a wish and a fear at the same time. She may want to be sexually active and not just passive and oppressed. And just maybe, when she was tied up at her place for acting out, the patient might have taken off her clothes to indicate to her father that if it is the body that he wants, then he can have it but set her free.

Eigen (2004) suggests that the psychotic person dissolves his mind in order to rebuild himself from its elements. Or he may seem to need to search grimly through its debris, leaving nothing out, as if he were looking for something essential but still unknown. The individual stares at himself as through a kaleidoscope. In psychosis, as in creativity, ordering and disordering processes are interwoven (Eigen, 2004).

The patient's mother told me that the patient was close to her brother with whom she went to school for a few years, he died of muscular dystrophy and lead a life of low self confidence and humiliation at school. The patient has never cried for this loss. I could not help but see the trauma that is still within the girl, the loss of a brother, a male member who she felt could be her savior, or who could protect her from the father, or just his mere presence dissuaded her father to advance at her and hence he could be a pillar of internal strength. But with his demise, things perhaps started to crumble.

The mother also mentioned that the patient at some point was very close to her father but is not anymore. She doesn't like her grand mother and wants her to die. She often abused her grandmother, but otherwise she had been always respectful towards her. Her father I got to know was a shopkeeper, selling groceries, he was underdebt, is a drunkard and had moved to Nangloi as he had suffered heavy losses in business and had to self off his small property in Hari Nagar and came to Nangloi. His shop was within the house.

All these conversations and the related feelings made me wonder if this girl has had a long history of sexual abuse, incest and this might be that dark secret of this family that has always been tried to cover, but the trauma and the rupture it has caused within has brought in the psychotic symptoms. And these helped the patient to break away from the horrific life she dealt with almost everyday. It was only in her psychotic state could she abuse her father, hit him and get away. The medicines would make her a vegetable, and get her home, to a reality that she did not want to be a part of.

I just managed to have 4 sessions with the patient, until she was forcibly discharged. I have no contact with her or her family I would never be able to know how she is doing. If things have gone better, or did the pattern of her life continue? I needed more time, I wanted to go deeper within the family, speak to family members individually and understand their stories and its relation to the patient, I want to see if the feelings of Guilt, Shame, helplessness exist with the family members and the patient and what does these emotions do to them. It is such a shame to see the state of the mental health institutions, I don't think that the doctors and the support staff get as perturbed when they have to ask a patient to leave. They are used to it and they also have a 'justified reason' (the poor and a limited infrastructure), but its sad to see the intent of the health practitioners but no support from the government bodies. Politics?

CONCLUSION

Possible Arrivals:

This work of mine has been one big investment, as I write this I feel I have lived this dissertation. But when you are asked about your life or a part of it, can you talk about it? Making sure you recount of all the things, events, feelings, struggles and pleasures in that life. How can one? I have realized that there are so many questions I have about both my research participants and about my own self, which I did touch upon but could not find an answer yet. In some cases when I look back, my purpose was not to find answers but be aware and cognizant of the questions.

And this work is far from over. The topic I picked up for my work fascinated and intrigued me, I was scared by it and yet attracted towards it. This work has fuelled my fire to go closer towards it. This may not be the most ideal thing to do while researching on this subject, but I want to experience what a psychotic does. I might try out hallucinogens someday. But I feel I need to have the edge of experience to appreciate and work and eventually help the psychotics.

I was trying to see how psychosis was related to life histories of an individual, their subjective experiences. I managed to find certain links, the traumas, humiliation that bring out symptoms in their own unique way, for each of us have our own unique experience of life and the many relationships we make or are born with.

Listening to a Psychotic is truly very exhausting, beyond anything else that one may have experienced before. There are times you just switch off, it's beyond your control - if you can't focus or have patience. I realized that it was like listening to Armin Van Buuren's Intense, that musical piece is over eight minutes long (a very long musical piece than what you normally hear on a music cd), it has no vocals, just music, it uses all the possible instruments. If you listen parts of it you may not like it, it may not be music to your ears, not making any sense, but you start and listen it till the end, and you would appreciate the meaning, the emotion it generates within you, the depths it touches in you and how it takes you high in some specific moments. But you need to have the patience and an ear.

I realized during my work that the psychotic symptoms change or evolve with the passage of time. The same voice who is the companion and the best friend could become a tormentor. The delusional belief of being a god's messenger could gradually change to make you feel as if your family members are plotting against you, wanting you dead. The psychotic scream out their pain through the symptoms, but if one doesn't pay heed, they try out different mechanisms, to communicate. Its not voluntary but it happens to them.

Hallucinations are messages that the self is disabled, crumbling and is trying its best to hold itself together in whatever way possible. From that viewpoint, we may see hallucinations are cryptic messages and may function as a last attempt to stop before the abyss.

I was also looking at the symptoms and the illness as constructed and manipulated, here too was politics of the family involved. If a person feels that someone would steal all his money, jewelry and cash and he double, triple checks all his locks and safes, for their security, it may not be seen as such a big problem. However if the individual does something that they particularly don't like they would see it as an abnormality.

I also realized that how psychotics use their position, status, label and illness to do things and get away. For them the world is without rules, regulations and boundaries. They can be anybody and everybody. If they don't feel like wearing clothes they can take them off. They can masturbate whenever, wherever. They can express their sexuality, anger, and rage whenever and wherever. They can easily get away.

Ultimately the meaninglessness does have some appreciable meaning which can go a long way, in understanding the painful history of the psychotic, the points of rupture in the psyche, the shame, the humiliation and the trauma (which even he may be unaware of) and in that process form a therapeutic relationship with him in order to help the patient.

"Have I gone mad? I'm afraid so, but let me tell you something, the best people usually are".

— Lewis Carroll, Alice in Wonderland

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Publisher note:

Experiencing Psychosis: An Attempt to Explore the ‘Unknown’ and Its Possible Meanings
by Avneesh Narain, Varsha Gupta

Published by **The International Journal of Indian Psychology** (www.ijip.in)

Under the **ISSN: 2348-5396**

In Special Issue Criteria: This Special Issue part of Volume 3, 2016

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